

Big Asks Input

From the ECAC Survey (In Random Order)

Invest in child care to increase access and quality. Subsidy needs to adequately support children in low-income families, below 200% over the poverty level, and gradually transition families off of subsidy as their income increases

Expand and increase parent engagement opportunities and programs through increased investment (I.e HANDS) and community collaborations and by requiring parent engagement as part of quality public early childhood services.

Increase community collaboration for early childhood with a focus on all possible education, health and development services in a community.

What are the two or three things that we could do in the coming years that would move the needle on kindergarten readiness in a meaningful way?

I think we need to improve quality of child care. Specifically, increase DAP teaching - specifically in the area of instructional support (as defined by the CLASS observation tool). I think the fact KY is now using Kindergarten Screen will increase use of inappropriate teaching practices as teachers "teach" to the assessment. While requiring participation in STARS would be a good place to start in terms of improving overall quality, we need to figure out how to improve classroom instruction. One concrete example might be a very targeted PD effort focusing on selected section of ECERS (e.g., Activities section that focuses on learning centers and materials) and the instructional supports section of CLASS with the necessary technical assistance to ensure classroom application. All early childhood educators also need to know how to EFFECTIVELY use the KYECS and assessment data to design instruction.

Opportunities for training and technical assistance to early care and education providers in child care, Head Start and Preschool settings that encompasses the "Coaching" method of professional development. Training could be structured around concepts that are evident in ECERS, CLASS, or some other assessment tool. Innovative methods for coaching could incorporate the use of technology for communicating progress (and problems) between the coach and participant. A review of successful coaching initiatives (both in and out of state) could provide some framework for moving forward.

Child care staff need to know more than they get with 15 hours of PD a year. I would significantly raise the training required (at least for lead teachers) - e.g., CCCC or CDA at a minimum.

Extending the reach of the HANDS project to cover 3 year olds and put a greater emphasis on language and cognitive skills as children progress in age.

Ensure parents, kindergarten teachers, school principals, etc., understand what DAP looks like and to have an accurate understanding of what school readiness means. When these populations have unrealistic expectations about what children should know and be able to do when they enter Kindergarten, this increases the pressure on early childhood educators (child care, head start, and preschool) to teach content and using methods that are inappropriate for young children. But I don't have any magic solution for how to do this :(

Really good, family friendly materials (that are regularly reviewed) created and then disseminated wherever parents of young children may be found! Hospitals, pediatricians, health departments, food stamp offices, churches, Community Action Agencies, Child Care Resource & Referral agencies all could be handing out simple but informative brochures, have posters in prominent places, feature short articles, etc. that show some concrete ways that parents assist in the appropriate development of their young children.

Promote collaboration through local councils and legislation that requires some form of collaboration as preschool eligibility is expanded

Use data from each early childhood center or district to develop a professional development plan based on the data. Professional development should be aligned district by district with the assessment data results. Use of CLASS observation data and especially the instructional support components to improve teaching and learning as CLASS scores indicates the relationship between teacher and student and thus will assure more students begin kindergarten school ready. Training or professional development providers would not only train but be required to follow-up with in classroom support through coaching, modeling, and technical assistance. The teaching and learning happens in the classroom and for students to be school ready we must improve what the teacher is teaching and the learning experiences of the students.

Focus on quality among all programs - preschool - need to think about additional ways to assure quality - highlight the number of IECE teachers in state-funded classrooms; publicize the research data; focus research more specifically on pre-k next year; take advantage of schools' new interest in early childhood based on Brigrance results but work hard to help school leaders understand the importance of social/emotional skills in

addition to cognitive. child care - continue to review and adjust STARS requirements to promote quality programs and make it less costly for centers to reach 3 and 4 star ratings; require STARS for all centers

Increase in state funding to support the findings and recommendations of the ECERS-R observations and P2R for each district where improvements are needed. Increase in state level funding to support teachers in all early childhood settings to advance through college courses to obtain an IECE degree or minimum of a bachelor degree. Support through assistance with cost of classes would help with need for IECE teachers in areas where there is not a lot of teacher turnover and there are few teachers obtaining an IECE certification. This would also improve chances of retention rates for teachers of early childhood and the selection pool when hiring. With an increase in teacher qualifications the quality of planning and implementation of instruction should result and therefore increase in student achievement. Plan for recruitment and retention efforts to locate, hire, and retain IECE certified teachers statewide.

Assure funding for KIDS NOW initiatives targeting dollars on areas that will help improve quality - scholarships; STARS; advocate for expanding state funded preschool to 3 and 4 year olds living at or below 200% of poverty with 4s first, then more 3s

Develop a crosswalk of the various assessments being used to assure congruency between early childhood assessments and kindergarten assessments throughout the Commonwealth. Are we all using the same data and assessing in the same way when we determine school readiness. If kindergarten is using Brigance and early childhood is using a variety of assessments statewide are we sure the same items are assessed on each of these assessments. Funding is needed to purchase the preschool Brigance for all early childhood centers statewide if the kindergarten readiness screener will remain as the Brigance.

Convey to the people and the legislature the importance of spending more of the Commonwealth's available funds on public education in general and early childhood education in particular, including universal kindergarten at younger ages. In the same vein, we need to move as rapidly as possible to the Finnish/Singaporean system of paying substantially more for teachers and hiring them from a competitive group of applicants from the top third of their college graduating classes, rather than the bottom half as currently practiced in the U.S.

From Rick Hulefeld

1. EXPAND HOME VISITATION

- To multigravida mothers
- To the child's third birthday (focusing on language and cognitive)

Rationale: a) national ROI research is strong
b) Kentucky's ROI research also supports this
c) Heckman's research that it is the quality of the family's parenting that really matters; home visitation is all about family parenting
d) President's initiative may help support expansion
e) Kentucky is one of the leaders in home visitation

II. Increase the % of children below 200% of poverty who are enrolled in 3 or 4 star child care, Public Preschool, or Head Start, from X% to Y%.

Rationale

- a) University of Kentucky's research indicates that there is no statistical difference in child outcomes between any of these three different early learning settings.
- b) This is an essential goal if more children are going to arrive at Kindergarten prepared as measured by the Brigance.
- c) President's initiative would help fund this.
- d) Significant national research supports that quality early learning experiences for low income families are effective; early intervention has a real ROI.

From the CHFS Wish List

Suggestions for possible uses of additional state revenues targeted for early childhood initiatives:

\$57-59 Million	Restore child care reductions to the child care assistance program in the Department for Community Based Services. Recently announced plans would require the Department to cease intake and to reduce eligibility to low income working families seeking assistance with child care from 150% of the federal poverty level to 100% of the poverty level, reducing the number of children served from approximately 42,000 each month to approximately 28,000 each month.
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\$14 Million	<p>Expand HANDS statewide to include at-risk families for second, third child, etc., up to age two. Current program limited to first time parents and first child up to age two. Figure presumes Medicaid state plan would be revised to permit coverage of Medicaid eligible multi gravidas (30% state match or \$8.1 million in state match needed to pull down \$18.9 M in federal Medicaid matching funds. \$4.6 M would be needed to cover non-Medicaid eligible parents and children). If the Medicaid state plan cannot be amended, the total state funds needed would increase by \$19 million or a total of \$31 million. NOTE: Tobacco funds used to support the current HANDS program are declining over time.</p>
\$3 Million	<p>Develop an integrated statewide infant and early childhood infrastructure to assure access to psychological and psychiatric services for preschool children with serious behavioral and/or developmental issues, integrating both physical and behavioral health needs of small children. Currently, Kentucky has very limited access to appropriate professionals who have the necessary skills and credentials to serve this population. The Weisskopf Child Evaluation Center at the University of Louisville is currently the primary resource available in Kentucky for comprehensive evaluation of this age group. Initial efforts would focus on developing a statewide infrastructure, including additional expertise and capacity (professional capacity and financial resources) at the University of Louisville and University of Kentucky, using the \$3 million. As capacity is developed, the goal would be to eventually create regional outreach sites/programs (the Commission for Children with Special Health Care Needs and CMHCs are possible regional outreach sites). This infrastructure would engage and coordinate with other state programs and agencies such as First Steps, HANDS, the school system, Impact Plus, the Commission for Children with Special Health Care Needs, the Department for Community Based Services, Local Health Departments, Community Mental Health Centers (Early Childhood Behavioral Health) and others in order to provide a resource to parents of very young children that is currently severely lacking outside of Louisville, Lexington and Northern Kentucky.</p>
\$4 Million	<p>Statewide 2-1-1. United Way already has 2-1-1 in place and operational in the three metro areas of Kentucky. 2-1-1 provides free and confidential information and referral. Citizens can call 2-1-1 for help with food, housing, employment, health care, counseling and more. It is estimated to cost \$4 million dollars to expand and maintain this statewide to all areas of Kentucky.</p>

From Licensing and Occupations Presentation

- Restore budget cuts
- Universal Pre-Kindergarten
- Expand HANDS home visiting
- Increase participation in STARS